

# Ergonomics Checklist - Computer and General Workstations



## **Information to collect before conducting the Ergonomics Assessment**

1. Evaluation Completed by \_\_\_\_\_
2. Date \_\_\_\_\_
3. Employee Name(s) observed \_\_\_\_\_
4. Department \_\_\_\_\_
5. Job Title \_\_\_\_\_
6. Length of time on job: \_\_\_\_\_ yrs. \_\_\_\_\_ months
7. Shift \_\_\_\_\_
8. Shift Length \_\_\_\_\_
9. Hours worked per week \_\_\_\_\_
10. Break schedules \_\_\_\_\_
11. Computer Use \_\_\_\_\_ hours/day \_\_\_\_\_ days/week
12. Percent of time using keyboard vs. mouse/other input device per shift  
\_\_\_\_\_ %Keyboard \_\_\_\_\_ %Mouse
13. Is the employee Left or Right Handed? \_\_\_\_\_
14. Is this a multi-user workstation? \_\_\_\_\_

15. Ask if employee has discomfort when performing task (note part of body and briefly describe issue) **Do not** ask for medical or related information.-----  
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16. Ask the employee: 'How can the design of the job tasks be improved to make the job easier to perform (or to relieve discomfort)?'  
\_\_\_\_\_  
\_\_\_\_\_

17. Are there any planned changes to the way the job is to be performed? If Yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

18. List any other tasks performed and % of time/shift e.g. making copies; document assembly; working at another computer station

<b>Task</b>	<b>% of time per shift</b>	<b>Notes</b>

*Continue on back of sheet as necessary*

### **For all task assessments:**

- Begin with head to toe exam - start with hands-arms etc. Flow the checklist and examine and note the cause of awkward postures, forceful and/or repetitive motions, contact stress points, etc.
- Note any employee modifications to the workstation and the reason for use
  
- Evaluate the physical environment – noise, lighting & glare, airflow & ventilation, floor surface, etc.
- Make a 'Birds-Eye' view sketch of the work area including worksurface shape and location of all frequently used equipment and tools.

*Refer to your training handout for more assessment tips*

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**'No'** responses indicate potential problem areas that should be investigated further

Item	Y	N	Action Taken/Adjustment Made	Further Action Needed? If Yes Described
<p><b>A. Work Height and Surface:</b></p> <ol style="list-style-type: none"> <li>1. Are the hands at the correct height for the type of work being performed? (Compare to elbow angle and hand height)</li> <li>2. Is the task performed at the correct type of work station? (sitting, standing or sit /stand)</li> <li>3. Is the work surface height adjustable to the user or the task?</li> <li>4. If yes, is the range of height adjustability acceptable?</li> <li>5. Is the work surface big enough to accommodate a monitor and keyboard or other equipment necessary and to perform all tasks?</li> <li>6. Can the workspace be adapted for right or left-hand use?</li> <li>7. Are contact stress points from work surface corners and edges or other items padded or minimized?</li> <li>8. Is leg clearance adequate (forward, side to side &amp; under the worksurface) so the user can adopt different postures?</li> <li>9. Are working surfaces stable when loaded?</li> <li>10. Is the surface thin enough to provide adequate leg space?</li> <li>11. Are surfaces non-reflective?</li> <li>12. If this is a multi-user workstation – can station be easily adjusted to 'fit' other users?</li> </ol>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
<p><b>B. Chair:</b></p> <ol style="list-style-type: none"> <li>1. Is the chair or stool easily adjustable and suited to the task and the user</li> <li>2. Is the range of height adjustment adequate?</li> <li>3. Can the chair height be adjusted from a seated position?</li> <li>4. Is adjustment of other controls conveniently located and easy to use?</li> <li>5. Is the chair adjusted to ensure proper posture, such as arms comfortably at sides with elbows at about 90-degree angle and straight wrists at keyboard?</li> <li>6. Is the chair adjusted to ensure proper posture, e.g., knees and hips bent at approximately 90 - 120 degrees</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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Item	Y	N	Action Taken/Adjustment Made	Further Action Needed? If Yes Described
<i>Chairs continued</i>				
7. Are feet supported - angle no more than 20 degrees and legs in neutral (thighs parallel to the floor)?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is footrest (if used) wide enough and high enough for feet & legs to be supported in a neutral position?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Is the back support in the lumbar region? (Up & down mechanism)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is the back supported? (Use back support depth adjustment and/or back support tilt)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Is the tension of the backrest adjustable?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Is the back rest too high forcing shoulders to be rounded?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Do chair arms interfere with movement or reach?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Do chair arms allow the employee to get close to the worksurface	<input type="checkbox"/>	<input type="checkbox"/>		
15. If chair arms are used to support forearms during data entry do they promote neutral postures and avoid contract stress?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Are armrests sufficiently padded?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Are armrests adjustable up and down?	<input type="checkbox"/>	<input type="checkbox"/>		
18. Are armrests adjustable side to side?	<input type="checkbox"/>	<input type="checkbox"/>		
19. Does seat pan width and depth accommodate the user?	<input type="checkbox"/>	<input type="checkbox"/>		
20. Does the seat pan position adjust horizontally and lock?	<input type="checkbox"/>	<input type="checkbox"/>		
21. Does the chair have a padded seat with rounded front edge?	<input type="checkbox"/>	<input type="checkbox"/>		
22. Does the seat pan tilt?	<input type="checkbox"/>	<input type="checkbox"/>		
23. Does the chair have a stable 5-leg base caster base?	<input type="checkbox"/>	<input type="checkbox"/>		
24. Are casters matched to the type of floor surface?	<input type="checkbox"/>	<input type="checkbox"/>		
25. Is a hard floor cover needed to minimize force when moving chair when in seated position at the workstation?	<input type="checkbox"/>	<input type="checkbox"/>		
26. Is the chair in good repair?	<input type="checkbox"/>	<input type="checkbox"/>		
27. Does the chair material and fabric meet applicable fire codes?	<input type="checkbox"/>	<input type="checkbox"/>		
Item	Y	N	Action Taken/Adjustment	Further Action Needed?

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			Made	If Yes Described
<b>Keyboard/Mouse:</b>				
1. Is a laptop used as the primary computer?	<input type="checkbox"/>	<input type="checkbox"/>		
2. If yes, are there a docking station and/or full size independent keyboard and/or monitor used to facilitate neutral body postures when using the laptop?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the keyboard and mouse or input device located in front and close to the user?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is the height and tilt of the keyboard work surface adjustable?	<input type="checkbox"/>	<input type="checkbox"/>		
5. If so, are adjustments easy to make (accessible, intuitive and using minimal force)?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Do the operator's wrists rest in a neutral position when keying and when using the mouse or other input device?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is a wrist support (if used) are wrists in neutral posture (i.e. support should be as high as the space bar when used/compressed)?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is wrist rest or support firm but cushioned	<input type="checkbox"/>	<input type="checkbox"/>		
9. Is the mouse or pointing device on the same surface, height and distance as the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Does position and design of mouse/input device promote neutral posture of the fingers, thumb, wrist and arms (i.e. minimize shoulder abduction and reach and eliminate bending of the wrist)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the pointing device is easy to activate and fits the hand comfortably?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Does keying require minimal force?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Monitors:</b>				
1. If using more than one monitor can the primary monitor be placed in front of the user?	<input type="checkbox"/>	<input type="checkbox"/>		
2. If using 2 or more monitors equally can monitors be positioned slightly inward (slight curved position) to aid viewing and placed at same viewing distance and height so that users' gaze falls to center of each monitor?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the monitor placed directly in front of the employee?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is the top line of the screen(s) at or slightly below eye level – with employees' head and neck upright?	<input type="checkbox"/>	<input type="checkbox"/>		



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Item	Y	N	Action Taken/Adjustment Made	Further Action Needed? If Yes Described
<p><b>Airflow:</b></p> <p>6. Is there visible dust/dirt on worksurfaces , keyboards and monitor?</p> <p>7. Is air flowing from ventilation systems and/or fans blowing directly into the employee's eyes?</p> <p>8. Is ambient temperature comfortable for employee</p>	<input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>		
<p><b>Work Space:</b></p> <p>1. Is the work area free of pinch points and protrusions?</p> <p>2. Does the layout of the area and the flow of work appear to be logical, organized and efficient?</p> <p><b>Panels</b></p> <p>1. Are workstations positioned to avoid glare and reflection?</p> <p>2. Do panels provide sufficient privacy?</p> <p>3. Do panels hold noise to an acceptable level?</p> <p>4. Does panel height allow for adequate natural light and air circulation?</p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		
<p><b>Misc. Items:</b></p> <p>1. Is there an adjustable document holder for users who frequently work from hard copy or drawings?</p> <p>2. Is it large enough to hold documents/files used?</p> <p>3. Is it placed at about the same height and distance from the user as the monitor screen or angled in beneath the monitor and directly in front of the user ?</p> <p>4. The telephone can be used with the head upright (not bent) and the shoulders relaxed?</p> <p>5. Are cords and wires neatly stored and routed out of the way to avoid tripping?</p> <p>6. Are cords and wires long enough for equipment (e.g. mouse/input devices) to be set-up in optimal position for the user?</p> <p>7. Are printers or other frequently used equipment within easy reach and accessible using neutral postures?</p> <p>8. Is adequate space provided for storage of copies, handbooks, documents, reference materials and personal belongings?</p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		
<p><b>Item</b></p>	<p><b>Y</b></p>	<p><b>N</b></p>	<p><b>Action Taken/Adjustment</b></p>	<p><b>Further Action Needed?</b></p>

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			Made	If Yes Described
<b>Body Posture and Work Methods:</b>				
1. If employee has modified the workstation, describe why?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does employee have good posture and sitting habits?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does work appear organized?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are extra or unnecessary body movements avoided when performing tasks? (Compare to other workers)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does employee take scheduled breaks?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Are high stroke rates avoided by adequate rest pauses, self-pacing or by alternating tasks?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Macro shortcuts used?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is employee trained				
i. In proper postures?	<input type="checkbox"/>	<input type="checkbox"/>		
ii. In proper work methods?	<input type="checkbox"/>	<input type="checkbox"/>		
iii. Trained in when and how to adjust their workstations?	<input type="checkbox"/>	<input type="checkbox"/>		
iv. How to use to set up computer workstation and/or use laptop in area work areas, at meetings and at home?	<input type="checkbox"/>	<input type="checkbox"/>		
v. In how to seek assistance with concerns?	<input type="checkbox"/>	<input type="checkbox"/>		
vi. To change position frequently - stand up and sit down and take microbreaks?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Does employee perform stretching and eye/visual exercises to prevent fatigue?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Does employee have an eye exam every 2 years and know about the use of computer glasses as needed?	<input type="checkbox"/>	<input type="checkbox"/>		

Adapted from State of Washington Dept. of Labor, 1996; OROSHA, 2004, Cornell University, 2011.